



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

ILD005156351

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

CECO CORP
NEW AVE WEST
LEMONT, IL 60439

III. LOCATION OF INSTALLATION

NEW AVE WEST
LEMONT, IL 60439

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

15	16	INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
ILD005156351												A		8/11/80							

I. NAME OF INSTALLATION

~~THE~~ CECO CORPORATION ~~THE~~

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3301 NEW AVENUE

CITY OR TOWN

LEMONT

ST.

ZIP CODE

IL

60439

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

3301 NEW AVENUE

CITY OR TOWN

LEMONT

ST.

ZIP CODE

IL

60439

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

LINDA JOHN PLANT MANAGER

312-257-5448

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 THE CECO CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD005156351

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

OCT 13 1980

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 1 7 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>John Inda</i>	NAME & OFFICIAL TITLE (type or print) John Inda, Plant Manager <i>Plant Mgr.</i>	DATE SIGNED 7/31/80
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UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

FILE COPY

SEP 28 1982

REPLY TO ATTENTION OF:

RCRA ACTIVITIES

INDA JOHN PLANT MANAGER
CECO CORPORATION THE
301 NEW AVE
LEMONT IL 60439
FACILITY: 301 NEW AVENUE
LOCATION: LEMONT IL 60439
ID NO.: ILD005156351

RE: TSD Notification without
Part A Application

Dear Notifier:

The United States Environmental Protection Agency (U.S. EPA) has received your notification of hazardous waste activity. On that form, by checking the "treat/store/dispose" (TSD) box, you indicated that you are a hazardous waste management facility (HWMF). To date, however, we have no record of having received Part A application for a hazardous waste permit which is required for all HWMFs.

Federal regulations require owners and operators of existing HWMFs (installations which treat, store, or dispose of hazardous waste) to have submitted a Part A permit application to the Regional Administrator by November 19, 1980, in accordance with 40 CFR 122.22. This requirement applied to HWMFs which were in existence on or before November 19, 1980. New facilities (those established after November 19, 1980) are required to submit Part A and Part B of their permit application, and receive a Resource Conservation and Recovery Act (RCRA) permit before beginning physical construction.

If your facility treats, stores, or disposes of hazardous waste, then your facility is operating without a hazardous waste permit, in violation of Section 3005 of RCRA, as amended. This violation is considered serious by the U.S. EPA, and may subject you to Federal enforcement under Section 3008 of RCRA for past and continued non-compliance.

Please submit your completed Part A application to the address below within fifteen days of receipt of this letter:

RCRA ACTIVITIES
P. O. Box A3587
Chicago, Illinois 60690-3587

We are aware that some hazardous waste handlers may have marked the TSD box on the notification form as a precaution or as a result of misunderstanding the May 19, 1980, hazardous waste regulations. If you notified us as a TSD in error, or if your status as a treatment, storage, or disposal facility has changed, please advise us in writing immediately.

Please contact Arthur Kawatachi of my staff at (312) 353-2197, if you have any questions regarding this letter.

Sincerely yours,

William H. Miner
Karl J. Klepitsch, Jr., Chief
Waste Management Branch



THE CECO CORPORATION

1926 SOUTH LARAMIE AVENUE, CHICAGO, ILLINOIS 60650

PHONE (312) 656-0860
242-3387

October 8, 1982

RCRA Activities
P.O. Box A3587
Chicago, Illinois 60690-3587

Att: Arthur Kawatachi

Dear Sir:

We have apparently erroneously checked the "Treat/Store/Disposer" (TSD) box on our notification of hazardous waste activity form.

We are not a treat store or dispose facility. Please use this letter as a corrective measure. Our ID No. is **ILD005156351.**

Sorry for the inconvenience.

RECEIVED

OCT 12 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

Sincerely,

THE CECO CORPORATION

John Inda
John Inda _{LJS}

JII/lb



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

ILD005156351

REACKNOWLEDGEMENT

CECO CORPORATION THE
301 NEW AVE
LEMONT

IL 60439

INSTALLATION ADDRESS

301 NEW AVENUE
LEMONT

IL 60439